

**ATTORNEY DOCKET NO. 03311.0001U3**  
**ELECTRONIC FILING**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of	)	
	)	
<b>Devanagondi, et al.</b>	)	Group Art Unit: <b>2616</b>
	)	
Application No.: <b>10/612,889</b>	)	Confirmation No. <b>7012</b>
	)	
Filed: <b>July 3, 2003</b>	)	Examiner: <b>Jianye Wu</b>
	)	
For: <b>MULTI-SLICE NETWORK</b>	)	
<b>PROCESSOR</b>	)	

**TRANSMITTAL LETTER**


Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Customer Number 23859

Sir:

Transmittal herewith is/are the following in the above-identified application:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Response to Office Action<br><input checked="" type="checkbox"/> Fee as calculated below<br><input type="checkbox"/> No Additional Fee Required<br><input type="checkbox"/> Corrected Drawings | <input type="checkbox"/> Petition to For Extension of Time<br><input type="checkbox"/> Supplemental Declaration<br><input type="checkbox"/> Terminal Disclaimer<br><input checked="" type="checkbox"/> Other <u>RCE</u> |
|--|---|

CLAIMS AS AMENDED							
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE		ADDITIONAL FEE
Total Claims	19		21		X \$50.00		\$
Independent Claims	2		3		X \$210.00		\$
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim					+ \$370.00		\$
<input checked="" type="checkbox"/> Request for Continued Examination					+ \$810.00		\$810.00
EXTENSION FEE	1 <sup>st</sup> Month \$120 <input type="checkbox"/>	2 <sup>nd</sup> Month \$460 <input type="checkbox"/>	3 <sup>rd</sup> Month \$1050 <input type="checkbox"/>	4 <sup>th</sup> Month \$1640 <input type="checkbox"/>	5 <sup>th</sup> Month \$2230 <input type="checkbox"/>		\$
<input checked="" type="checkbox"/> Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -							-405.00 \$
TOTAL FEE DUE							\$405.00

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**APPLICATION NO. 10/612,889**

Payment:

- ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.
- ☐ Payment by credit card in the amount of \$\_\_\_\_\_ for the fees designated above is submitted via enclosed Form PTO-2038.
- ☒ Payment by credit card in the amount of \$405.00 for the fees designated above is submitted via EFS-Web.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$\_\_\_\_\_ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

Respectfully submitted,

\_\_\_\_\_  
/David A. Cornett/  
David A. Cornett  
Registration No. 48,417

Customer Number 23859